Suprapubic Vesicovaginal Fistulectomy

A Refinement in Surgical Technique

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MANY INVESTIGATORS have offered ways to afford better surgical exposure and access for repair of vesicovaginal fistulas. Among them is to attach lead shot to the inferior end of a heavy thread which has been passed through the fistula and into the vagina.[1] Traction on the thread lifts the floor of the bladder for better access. Another is to fasten a rubber ball on the vaginal end of a suture.[3] Still another suggestion for better exposure is the transvesical introduction of a Lowsley perineal retractor that is passed through the fistula into the vagina, where a firm rubber hand ball is pressed over the lower end of the instrument and held there by spreading the blades.[3] All of these methods offer definite advantages in transvesical fistulectomy, but none is without some shortcoming.

In 1948 Belt[2] described passing a Foley catheter transvaginally through a fistula, inflating the retention bag, and then applying traction. However, extreme care is necessary in dissecting about the retention balloon, lest it be inadvertently ruptured. Moreover the balloon is neither firm enough nor flat enough to provide a good surface against which to work.

To overcome these difficulties, we used the following procedure: First carrying out suprapubic cystotomy, we passed a No. 18 (French) Foley catheter through the fistula, and an assistant drew the end of the catheter from the vagina. Then the assistant, using sterile technique as far as possible, slipped a well-lubricated common metal washer two inches in diameter (Figure 1) over the catheter. With the bag of the catheter inflated distal to the washer, application of traction suprapubically elevated the floor of the bladder easily, and the washer made a firm dissecting board beneath the fistula. Using a bistoury blade, we elliptically excised the fistula in all its layers and removed it by sliding it up the catheter. Then by alternately applying and releasing traction, with no fear of rupturing the balloon of the catheter, we readily undermined the surrounding tissues and created the layers necessary for closure.

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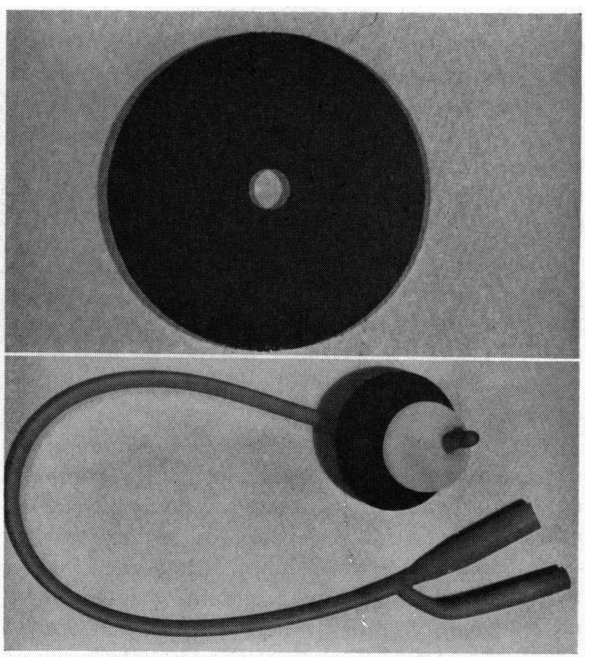

Figure 1.—*Above:* Two-inch metal washer used to slip over tip of Foley catheter. *Below:* Balloon of catheter inflated to hold washer in place when traction is applied to lift floor of bladder for better surgical access in repair of fistula.

After the first layer of absorbable sutures was placed, and before they were secured, the bag of the catheter was deflated, the washer was allowed to drop into the vagina, and the catheter was removed suprapubically. The sutures were then tied and the two end ones were used as traction sutures to afford easier placement of the next layer. The remainder of the repair was done in the conventional manner.

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